

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022690

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 976Registrar's No. 976

STATE FILE NUMBER

FILED JUL 9 1962

1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural 2nd Jackson Twsp.

c. FULL NAME OF (If NOT in hospital, give location)

Strafford Rt. #3 Box 11

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission)

a. STATE

Missouri

b. COUNTY

Greene

c. CITY

OR
TOWN

Rural 2nd Jackson Twsp

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

Strafford Rt. #3 Box 11

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

SPENCER

Middle

C.

Last

SMART

4. DATE

OF

DEATH

Month

June

Day

21,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐

8. DATE OF BIRTH

1/15/1871

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John W. Smart

13b. MOTHER'S MAIDEN NAME

Elizabeth Nease

14. NAME OF HUSBAND OR WIFE

Anna Smart

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Anna Smart (Wife) Rt. #3 Strafford Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Presumed to be natural causes

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

UNATTENDED BY A PHYSICIAN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

No attending physician since last March

Yes ☐No ☐Unknown ☐

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I. If PART I is not filled in, describe injury in detail.)

Deceased had had X-rays in March which indicated

ulcers of stomach, had been a bed patient since then and had

grown steadily worse, but was violently opposed against going

to hospital.

20c. TIME OF INJURY

Hour

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9:40

to

P.m.

and last saw her

him

alive on

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D. Greene

22b. ADDRESS

Health Officer, Spfld M

22c. DATE SIGNED

6-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/25/62

23c. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

23d. LOCATION (City, town, or county)

Republic,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Klingert Mortuary

Springfield, Mo.

25. DATE RECD. BY LOCAL REG.

7-2-62

26. REGISTRAR'S SIGNATURE

Effie E. Melton

jhc

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0390

2 03902

3

4 0

5 1

6

7 0

8 0

9 5400

10

11

12 9C-5

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Glen D. Williams

Licensed Embalmer No. 4651

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Print name 6-23-62